

SENDER WILL CHECK CLASSIFICATION TOP AND BOTTOM					
UNCLASSIFIED		CONFIDENTIAL		<input checked="" type="checkbox"/> SECRET	
CENTRAL INTELLIGENCE AGENCY OFFICIAL ROUTING SLIP					
TO	NAME AND ADDRESS	INITIALS	DATE		
1	Chief, Management Staff	<i>[Signature]</i>	5		
2	<i>ADD/3</i>				
3					
4					
5					
6					
<input checked="" type="checkbox"/>	ACTION	<input type="checkbox"/>	DIRECT REPLY	<input checked="" type="checkbox"/>	PREPARE REPLY
<input type="checkbox"/>	APPROVAL	<input type="checkbox"/>	DISPATCH	<input type="checkbox"/>	RECOMMENDATION
<input type="checkbox"/>	COMMENT	<input type="checkbox"/>	FILE	<input type="checkbox"/>	RETURN
<input type="checkbox"/>	CONCURRENCE	<input type="checkbox"/>	INFORMATION	<input type="checkbox"/>	SIGNATURE
Remarks: <p>Attached is a copy of the portion of our reply to those recommendations in the recent Inspector General's Report pertaining to your Office.</p> <p>It is requested that you take the action necessary to implement each reply of the Deputy Director (Support) and advise me by written report, the action you have taken. The report should be in my Office on or before <u>21 September 1956</u>.</p> <p><i>3a. done 4. done 5. done</i> <i>13. done see notes inside</i></p>					
<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>			RETURN TO SENDER		
			AND PHONE NO.	DATE	
H. Gates Lloyd, A-DD/S			123 East X 785	8/21/56	
UNCLASSIFIED		CONFIDENTIAL		<input checked="" type="checkbox"/> SECRET	

FORM NO. 237
1 APR 55Replaces Form 30-4
which may be used.

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